

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM**

Initial Site Characterization Report

DATE FORM COMPLETED: _____ (mm/dd/yy)

Site classification form attached? yes / no

Required attachments submitted? yes / no

ADEQ use only

DATE RECEIVED: _____

FACILITY ID: 0-00 **LUST NUMBER:** _____ **OTHER LUST(S) AT FACILITY:** _____

PERIOD OF RELEASE: From: _____ (mm/dd/yy) To: _____ (mm/dd/yy)

RELEASE INFORMATION:

<u>Component</u>	<u>Location</u>	<u>Product</u>	<u>Quantity</u>
9 tank	9 spill	9 gasoline <input type="checkbox"/> diesel <input type="checkbox"/> used oil	_____ gallons
9 piping	9 overfill	<input type="checkbox"/> jet fuel <input type="checkbox"/> other:	

INITIAL RESPONSE ACTIONS TAKEN WITHIN 24 HOURS:

Further releases of the regulated substances prevented? yes / no / NA
Fire, explosion, and vapor hazards identified and mitigated? yes / no / NA

INITIAL ABATEMENT MEASURES TAKEN:

Removed regulated substance from UST system to prevent further releases? yes / no / NA
Visually inspected for and mitigated any release into soils and surface water? yes / no
Continued to monitor and mitigate fire, explosion, and vapor hazards? yes / no / NA
Investigated the possible presence of free product? yes / no
Began removal of free product if found? yes / no / NA

If free product present, has free product report been submitted? yes / no If yes, date submitted to ADEQ _____ (mm/dd/yy)

STATUS OF CORRECTIVE ACTION ACTIVITIES:

[unk = unknown] [NA = not applicable]

	<u>on-site</u>	<u>off-site</u>	<u>extent defined</u>	<u>remediation complete</u>
Vapors:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Soil:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Groundwater:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Surfacewater:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Free Product:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA

ANTICIPATED CORRECTIVE ACTIONS: (check all that apply) ☐ preventative ☐ investigative ☐ remedial actions

LITHOLOGY: (indicate the scenario that most closely matches site conditions, attach site specific lithologic log if available)

☐ alternating silt/sand/gravel ☐ sands ☐ alluvium overlying river run gravel ☐ alluvium overlying bedrock

DEPTH TO BEDROCK: _____ feet bgs

BEDROCK TYPE: ☐ igneous ☐ sedimentary ☐ metamorphic

GROUNDWATER DEPTH: _____ feet bgs

GROUNDWATER FLOW DIRECTION: _____ (ex: SW, NNW, ENE)

GRADIENT: _____ known / estimated

AQUIFER TYPE: ☐ unconfined ☐ confined ☐ perched

GROUNDWATER QUALITY: ☐ potable ☐ naturally non-potable ☐ artificially non-potable, regional ☐ artificially non-potable, locally
[bgs = below ground surface]

ATTACHMENTS: (check if attached)

- ☐ Tightness test results (if not previously submitted)
- ☐ Table of well inventory information including location, use and ID numbers
- ☐ Site plan which includes:
 - property boundaries - adjacent property land use - surface water
 - wells and receptors - release point(s) and ID number - sample locations